

DRAFT

The National Capital Consortium (NCC) was formed to integrate the Services' graduate medical education programs in the national capital area into a single entity for sponsorship. In some cases duplicative programs were merged and in others the Services retained separate programs in the same specialty according to their needs. The consortium now incorporates 52 military GME programs in the area and will incorporate the remaining programs by the end of the year. It has the responsibility in conjunction with the Services for ensuring that all programs meet accreditation standards. Staffing of faculty and trainees and resourcing of the consortium programs have remained as responsibilities of the Services and individual hospital commands.

The shared nature of graduate medical education in the NCC necessitates a clear understanding of and mutual commitment to support of the consortium and its vital programs by the Services. In principle the Services agree that they will provide the same level of support to consortium graduate medical education programs as is afforded to those in single Service training hospitals. The following sets forth the definition of that commitment.

Staffing Support

1. Residents – Review of current numbers of trainees in the programs indicates that the levels are adequate to maintain accreditation. In all cases the numbers fall between the minimum necessary to continue the program and the optimal number as judged by the program director. The consortium will establish these numbers as the baseline commitment by the Services. Deviations from these numbers may occur due to any of the following:

- a. Changes in approved number of trainees by the Residency Review committees
- b. Inadequate applicant numbers to support Service input
- c. Unavoidable manpower issues that preclude full input by a Service.
- d. Service needs for increase in training number

In b or c, the Service will make every effort to ensure that this is a temporary problem. Coordination will be done with the other Services to see if any critical shortfalls can be replaced by one of them. In d no action is necessary unless the increase exceeds the approved number of trainees for the program. In that case, coordination will be done with the other Services to determine how to accommodate the increase.

2. Faculty – Faculty staffing must meet requirements in terms of total number, subspecialty mix, and designated time for training of residents. Review of current faculty numbers indicates that in almost all cases these meet the minimum requirements to satisfy accreditation standards. The consortium in conjunction with the Services will establish these numbers and specialty mix as the baseline staffing target for the Services. The consortium will identify projected requirements for faculty input (due to losses or changes in accreditation standards) as soon as they become known and make this requirement known to the Services. As a rule the replacement will come from the Service experiencing the loss. If this is not possible, the other Services will make every effort to meet the requirement. If this is not possible, contract support or other agreements with local civilian teaching institutions may be necessary.

Support of Educational Needs

1. Dedicated faculty time – Graduate medical education requires time on the part of faculty to train the residents. Some of this is done in the context of providing patient care and some is done in settings where no measurable patient care can be documented. Additionally faculty and residents must pursue research initiatives for their own learning and professional growth. These activities reduce the amount of time staff may devote to clinical productivity. The Medical Expense and Reporting System (MEPRS) is a tool for documenting physician activity while working. Templates with allocated time for academic as well as clinical activity will be developed for all physicians involved in support of graduate medical education in the consortium. These will serve as scheduling tools to enable physicians to meet patient care expectations as well as commitments to educational pursuits.
2. Patient care activity – Involvement in the provision of care to patients is vital to residents in training. This requires that they care for an adequate number of patients with a variety of medical conditions. Residents care for patients under supervision but as they progress through training they must assume increasing responsibility for making clinical decisions as well as see more complex medical problems. Sponsoring hospitals in the consortium will ensure that adequate patient populations are available for graduate medical education. Enrollment of patients will be based on numbers of fully trained staff providers realizing that residents will provide a portion of the care under staff supervision. The hospitals will pursue collaborative agreements which optimize provision of care while supporting educational needs.
3. Infrastructure – Graduate medical education places additional requirements for equipment, space, and administrative support beyond what is needed for the provision of patient care. The Accreditation Council for Graduate Medical Education specifies the minimum requirements in many of these areas in order to maintain accreditation. All resources for the consortium are managed by the sponsoring hospitals and the commands need to consider their responsibility in this area when developing plans and budgets.

Service coordination

The Service's GME directors will meet several times during the year to share information on actions that may impact on consortium programs and administrative procedure issues that impact the functions of their respective GME offices. These meetings will allow coordination in planning the number of resident positions in consortium programs to be sponsored by each Service as well as administrative and personnel support services. Any anticipated difficulties in filling the usual number of positions can be addressed as well as requirements for additional training positions.

The medical corps chiefs for each Service will meet as necessary to address faculty requirements for the consortium.

The Surgeons General will have oversight for the implementation of this agreement through their participation in the Uniformed Services University Executive Committee. Their participation will ensure balance between the needs and resources of their own Services and those of the consortium.